

God Bless You Ministry Application

NAME
GENDER
RACE

DOB
ETHNICITY
MARTIAL STATUS

PHONE

Are you homeless? Yes or No
If no, what brings you to us today?
If yes, How Long homeless?
Where did you sleep last night?

- | | |
|---|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> With Family |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> With Friends |
| <input type="checkbox"/> Permanent Supported/Supportive Housing | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Psychiatric Hospital/Facility | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Substance Abuse Treatment Facility/Detox | <input type="checkbox"/> Place Not Meant for Human Habitation
(i.e. car, bench, abandoned building) |
| <input type="checkbox"/> Hospital (Non-Psychiatric) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jail/Prison/Detention Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Room/Apartment/House - Rent | |
| <input type="checkbox"/> Apartment/House - Own | |

Are you on any drugs? What kind, how long?
Are you an alcoholic?
Are you ready to take the necessary steps to rid yourself of the disease?
Are you willing to Take random drug test if deemed necessary?
Are you willing to follow ALL house rules, unconditionally
And, Be supportive to others?
Are you able to Attend all meetings?
Are you willing to volunteer your time to community Events?
Do you have a family support system?
What is the status of your general health?

- Excellent Very Good Good Fair Poor Don't Know

Do you have a disabling condition that will need special accommodations? If yes, describe.

- | | |
|--|---|
| <input type="checkbox"/> Yes - Diagnosable Substance Use Disorder | <input type="checkbox"/> Yes - Dually Diagnosed |
| <input type="checkbox"/> Yes - Serious Mental Illness | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes - Developmental Disability | |
| <input type="checkbox"/> Yes - Chronic Physical Illness/Disability | |

Are you on any subscription meds? if so, describe:

Do you have any form of income?

What are your job skills?

Are you willing to do whatever it takes to get your life back on track to become a production part of society?